

## Chris Aquino

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**From:** WMATC E-Filing <administrator@wmatc.gov>  
**Sent:** Wednesday, January 07, 2015 10:23 AM  
**To:** Constantine Kolouas; Chris Aquino  
**Subject:** 2015 Annual Report - WMATC No: 159, Carrier Name: Jewish Council for the Aging of Greater Wash., Inc.  
**Attachments:** 54ad4f664deba-wmatc.pdf

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### Washington Metropolitan Area Transit Commission 2015 Carrier Annual Report Form

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#### **FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2015, must file a complete 2015 annual report and pay a \$150 annual fee on or before **February 2, 2015**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on that date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$150 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$150 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2015.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

Read the accompanying instructions carefully before completing this form.

#### **1. ANNUAL REPORT OF:**

**WMATC No.:** 159

**Name of Carrier (as shown on certificate of authority):** Jewish Council for the Aging of Greater Wash., Inc.

**Trade Name:**

**Principal Place of Business**

**Street Address:** 12320 Parklawn Drive

**Apt./Suite:**

**City:** Rockville

**State:** MD

**Zip:** 20852

**Mailing Address (if different from street address)**

**Street:**  
**Apt./Suite:**  
**City:**  
**State:**  
**Zip:**

**Telephone Number:** (301)468-6280  
**Other Telephone:** (301)255-4227  
**Fax Number:** (240)252-3501  
**E-mail:** [mgalil@accessjca.org](mailto:mgalil@accessjca.org)

**2. OTHER PASSENGER CARRIER AUTHORITY** (if applicable, list carrier/permit number):

**USDOT No.:** 1031296

**DCTC No.:**

**Virginia DMV passenger carrier No.:**

**Maryland PSC No.:**

**3. CARRIER CONTACT PERSON** (at mailing address to whom we should direct inquiries):

**Name:** Mordechai Galil

**Title:** Director of Transportation

**Telephone Number:** (301)468-6280

**Other Telephone:** (301)255-4227

**Fax Number:** (240)252-3501

**E-mail:** [mgalil@accessjca.org](mailto:mgalil@accessjca.org)

**4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS**

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

**Name of Registered Agent for Service of Process:**

**Agent Address:**

**Apt./Suite:**

**City:**

**State:**

**Zip:**

**Telephone Number:**

**E-mail:**

**5. \*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

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**6. \*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below; **or** (2) upload a complete vehicle list to this form. Include **all** required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair

**\*Your vehicle list was attached to your submission.**

**7. \*CERTIFICATION:**  
I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**Name:** Mordechai Galil  
**Title:** Director of Transportation  
**Date:** 01/07/2015

## Jewish Council for the Aging - Fleet

<b>Fleet No.</b>	<b>Year</b>	<b>Make</b>	<b>Vehicle VIN</b>	<b>License Plate</b>	<b>State Registered</b>	<b>Seating Capacity</b>	<b>Wheel-Chair</b>
44	2003	Ford	1FDWE45F53HB85762	321M049	Maryland	16	YES
45	2003	Ford	1FDWE45F73HB85763	321M048	Maryland	16	YES
46	2004	Ford	1FDXE45P14HA86743	361M198	Maryland	16	YES
47	2006	Ford	1FDXE45P16HB33899	81005HV	Maryland	16	YES
48	2007	Ford	1FDXE45PX6DB00486	881M976	Maryland	16	YES
49	2006	dodge	WD0PD544065919187	913M155	Maryland	6	YES
50	2006	Ford	1FDXE45PX6DB37019	6BP5955	Maryland	16	YES
51	2008	Ford	1FD4E45P98DA32851	88543HV	Maryland	16	YES
53	2008	Ford	1FD4E45P38DB59157	33195M8	Maryland	16	YES
54	2008	Ford	1FD4E45P18DB59156	33195M7	Maryland	16	YES
55	2011	Ford	1FDFE4FS9BDB12184	21853HT	Maryland	16	YES
56	2014	Ford	1FDFE4FS5EDA52425	38449HT	Maryland	16	YES
57	2014	Ford	1FDFE4FS7EDA52426	38448HT	Maryland	16	YES
58	2014	Ford	1FDFE4FS4EDA99042	7BV3492	Maryland	16	YES